

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS						
		IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1		1												
2		1							51					
3			2						52					
4			2						53					
5			2						54					
6			1						55					
7		1							56					
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45									94					
46									95					
47									96					
48									97					
49									98					
50									99					
									100					
TOTAL IND.	3								TOTAL IND.					
TOTAL DEP.	7								TOTAL DEP.					
TOTAL CLAIMS	10								TOTAL CLAIMS					